

**FUND FOR THE IMPROVEMENT OF POSTSECONDARY EDUCATION
SPECIAL FOCUS PROJECTS**

**US-Brazil Higher Education Consortia Program
TITLE PAGE**

This Application should be sent to:

No. 84.116M
U.S. Department of Education
Application Control Center
ROB-3 Room 3633
Washington, D.C. 20202-4725

1. Application Number: _____

2. D-U-N-S Number _____

Employer Identification No.: _____

3. Project Director (Name and Complete Mailing Address):

4. Legal Applicant:

Tel: _____ Fax: _____

Email: _____

5. Names of Consortium Members:

United States

(Lead) _____

Brazil

(Lead) _____

6. Title of Project (DO NOT LEAVE THIS BLANK)

7. Brief Abstract of Proposal (DO NOT LEAVE THIS BLANK):

8. Federal Funds Requested:

1st year (limit: \$25,000) _____

2nd year _____

3rd year _____

4th year _____

Total: _____

9. Duration of Project:

Starting Date _____

Ending Date _____

Total No. of Months _____

10. Population Directly Benefitting from the Project:

11. Certification by Authorizing Official. The applicant certifies to the best of his/her knowledge and belief that the data in this application are true and correct and that the filing of the application has been duly authorized by the governing body of the applicant.

Name

Title

Phone

Signature

Date